

Congressman Adam B. Schiff  
**Internship Application Form**

***PLEASE PRINT***

This application is for:    ☐ Spring    ☐ Fall    ☐ Winter    ☐ Summer  
    ☐ Quarter    ☐ Semester

My internship would begin on \_\_\_\_\_ and end on \_\_\_\_\_.

I am required to complete \_\_\_\_\_ hours of service during this placement.

What days of the week would you be available to work? \_\_\_\_\_

What hours of the week would you be available to work? \_\_\_\_\_

Name \_\_\_\_\_

Address

City / State / Zipcode

Telephone number(s) ( ) ( )

Email Address:

Date of birth (optional) – Must be at least 17 years old

High school	Graduation date
1	2010
2	2011
3	2012
4	2013
5	2014
6	2015
7	2016
8	2017
9	2018
10	2019
11	2020
12	2021
13	2022
14	2023
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153	2162
154	2163
155	2164
156	2165
157	2166
158	2167
159	2168
160	2169

Name of educational institution currently attending

Class standing (FR / SPH / JR / SR) Major

What languages, other than English, do you speak?

Career objectives

My academic advisor or internship supervisor is \_\_\_\_\_

He/she may be reached at ( )

In case of emergency, contact

Telephone Number (      )	Relationship
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**For District Office positions return completed application to:**

Colleen Oinuma/ Congressman Adam B. Schiff /87 N. Raymond Avenue, #800 / Pasadena, CA 91103

FAX: (626) 304-0572 • For more information, call (626) 304-2727.

**For Washington, D.C., positions, return completed application to:**

Patricia Higgins, Staff Assistant / Congressman Adam B. Schiff / 2411 Rayburn House Office Bldg./ Washington, D.C. 20515

FAX: (202) 225-5828 • For more information, call (202) 225-4176.

**Please include a writing sample with this application.**